

PANCHAKARMA MANAGEMENT IN PAKSHAGHATA – A CASE STUDY***Dr. Rohini R. Patil (MD AYU), Dr. Seema Desai**Associate Professor¹, Final Year PG Scholar²^{1,2}DGM Ayurveda Medical College and Hospital, Pg and PhD Studies Gadag.

Article Received on 15 Sept. 2026,
Article Revised on 05 October 2026,
Article Published on 16 October 2026

<https://doi.org/10.5281/zenodo.23387098>

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How to cite this Article: Dr. Rohini R. Patil (MD AYU), Dr. Seema Desai (2026). Panchakarma Management In Pakshaghata - A Case Study. World Journal of Pharmaceutical Research, 15(20), 981-988.

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ABSTRACT

Background: In present era due to busy and stressed lifestyle effecting over the many systemic diseases like metabolic disorder, Hypertension, Diabetes etc, these changes in the system increases the risk of stroke and it is a Second leading cause of death worldwide. The sign and symptoms of stroke can be compared to Pakshaghata which is One among the 80 Nanatmaja Vatavyadhi. Vata is the prime dosha which is responsible for both Maintenance & vitiation of other doshas like as said by our Acharyas. Pakshaghata is mainly characterized by Ardha kaya karma hani, Guruta and Suptata in hasta and pada, Brama, Vaksanga and there will be impairment in karmendriya, Gyanendriya and Manas. The line of treatment in ayurveda works at its root cause with the help of panchakarma, hence this case was considered for study and

reported. **Case Presentation:** A 79 year old male patient consulted to panchakarma O.P.D No- 42042 with the complaints of weakness and Pain in Left Upper limb and lower limb, Heaviness and Numbness in Left upper limb and Lower limb, Mild dysarthria, Generalized debility, Difficulty in walking, Pain and swelling in all the joints and also having associated complaint of Lack of sleep since 4 days. **Intervention:** In present case study the line of treatment was planned according to Avastha of vyadhi: Rukshana therapy by doing sarvanga pareesheka, snehana by doing sarvanga abhyanga and shiro pichu, swedana karma by doing jambeera panda sweda, upanaha and lepa, Matra Basti along with shaman chikitsa for a month, were pathya ahara was strictly advised. **Outcome:** Post treatment result showed marked improvement in reduction of sign and symptoms of pakshaghata and improvement in

day today activities, along with reduction of associated complaints. **Conclusion:** Pakshaghata is one of the Vataja nanatmaja vyadhi which needs repeated administration of shodhana and shaman chikitsa for reduction in sign and symptoms. This study showed a marked improvement after administering shodhana, shamana and pathya ahara, which gives an idea that panchakarma treatment, is effective in different Avastha of Pakshaghata.

KEYWORDS: Pakshaghata, Panchakarma, Shodhana, Ischemic stroke.

1. INTRODUCTION

Pakshaghata is one among the Vataja nanatmaja vyadhi. It is considered under Vataja nanatmaja vikara but it is not purely vataja there is a samsarga of kapha and pitta dosha as mentioned by Sushruta and Madhavakara, having symptoms like Ardhakaya karmahani, Guruta and Suptata in hasta and pada, vaksanga. Two main causative factor for pakshaghata are Dhatukshayajanya and Margavaranaajanya, which resembles the symptoms of hemorrhagic stroke and ischemic stroke in modern view, which is a Neurological disease.^[1] According to “World Stroke Organization”, Stroke is a condition where the Blood supply to the Brain is Disrupted, Resulting in Oxygen Starvation of Brain, leading to Brain Damage and Loss of Function. where stroke is a 2nd commonest cause of death^[2]. Many patients retain permanent disability, spasticity and rigidity because it is very difficult to make complete cure in the management of pakshaghata. So to overcome such conditions a different line of treatment is adopted in this case study.

2. CASE PRESENTATION

2.1 Patient Information

A 79 year old male patient consulted to panchakarma O.P.D No- 42042 with the complaints of weakness and Pain in Left Upper limb and lower limb, Heaviness and Numbness in Left upper limb and Lower limb, Mild dysarthria, Generalized debility, Difficulty in walking, Pain and swelling in all the joints and also having associated complaint of Lack of sleep since 4days. Patient went to other hospital and took treatment but didn't got any relief so decided to take Ayurvedic treatment so came to our panchakarma outpatient department, later got admitted in our Inpatient department of D.G.M Ayurveda Medical College and Hospital, PG and PhD studies and Research centre Gadag for the further management.

2.2 General and Personal History of Patient

Table No. 1: Showing the Preliminary Information of patient.

Preliminary Information of Patient	
Occupation	Farmer
Religion	Hindu
Diet	Mixed
Past history	K/C/O: HTN on Rx (Tab. Telmisartan 40mg OD)
Family history	Nothing significant

Table No. 2 and 3: Showing the Examination of the patient.

General Examination	
Pallor: Absent	Edema: Absent
Icterus: Absent	Pulse rate: 72bpm
Cyanosis: Absent	Temperature: 98 ⁰ F
Lymph node: Not palpable	Blood pressure: 110/70mmhg
Systemic Examination	
CNS	Conscious and oriented
CVS	S1,S2 heard no abnormality detected
RS	Bilateral equal air entry
PA	No lesion over abdomen, soft and non-tender.

Ashtavidha pareeksha		Dashavidha pareeksha	
Nadi	78bpm	Prakruti	Pitta, Kaphaja
Mala	1time/day	Vikruti	Vata kaphaja
Mutra	3-4time/day	Sara	Twak,Rakta,Mamsa
Jihwa	Alpalipta	Samhanana	Madhyama
Shabda	Dysarthria	Pramana	Madhyama
Twak	Prakruta	Satmya	Madhyama
Druk	Prakruta	Satwa	Madhyama
Akruti	Madhyama	Ahara shakti	Avara
		Vyayama shakti	Avara
		Vaya	Vrudha

Table No. 4: Showing cranial nerve examination.

S.NO	CRANIAL NERVE	FUNCTIONS
1	Vagus Nerve	Swallowing difficulty Dysarthria
2	Accessory Nerve	Difficulty in elevation of left shoulder
3	Hypoglossal Nerve	Mild difficulty in pronunciation

Other Cranial Nerves are Intact.

Table No. 5: Showing muscle power examination.

GRADES	MUSCLE POWER EXAMINATION	RIGHT (UL & LL)	LEFT (UL & LL)
0	No muscle contraction detected		

1	Barely detectable Flicker		
2	Active movement of body part with gravity eliminated		✓
3	Active movement against gravity		
4	Active movement against gravity and some resistance		
5	Active movement against gravity with full resistance without evident fatigue		

Table No. 6: Showing motor examination.

LOCOMOTORY PART OF BODY	TONE EXAMINATION			
	NORMAL	FLACCID	SPASTIC	RIGID
HAND (Rt) (Lt)				
LEG (Rt) (Lt)		✓		
		✓		

2.3 Nidana (Etiological Factor)

The following Nidanas were identified as Stimulation for Vata prakopa: Improper sleep, excessive stress and Anxiety, early morning working in cold breeze and improper dietary habits. These factors simultaneously vitiate vata, which gets urdwagamana to mastishya and causes the symptoms of pakshaghata.

2.4 Vyadhi Vinishchaya (Diagnosis)

Ayurvedic Diagnosis: Pakshaghata

Contemporary Diagnosis: Cerebro Vascular Accident – Ischemic Stroke confirmed by CT Brain.

3. MATERIALS AND METHODS

3.1 Study Design

This is a single case observational study with pre and post treatment assessment conducted at panchakarma IPD, D.G.M Ayurvedic Medical College and Hospital, Gadag, Karnataka. The Informed consent was obtained from the patient.

3.2 Assessment Criteria

Symptoms were assessed by examining the Central nervous system, Muscle power and Muscle tone and grading were taken Before treatment, After treatment and After follow up.

3.3 Treatment Protocol

Chikitsa sutra

Chikitsa sutra for Pakshahata is “ Snehnam sneha sanyuktam pakshaghate Virechanam” according acharya Charaka and according to acharya Sushruta the line of treatment goes like “ Snehnam swedopapanam mruduna shodhanena samshodhyanuvasyaasthapy cha”.^[3]

The line of treatment goes like Snehana, Swedana, Mrudu virechana and then go for Mrudu shodhana chikitsa like Basti karma were both Anuvasana and Asthapana basti can be advised. Basti is considered as Ardha or Purna chikitsa for Vataja rogas. So we have adopted the line of treatment for the present case. Below table shows the line of treatment adopted in this case.

Table No. 7: Showing the Complete treatment protocol for a month.

S.NO	PANCHAKARMA	DAYS	COMPLAINTS
1.	Sarvanga pareesheka with Dashamoola Kashaya	27days	Increased appetite
2.	Sarvanga Abhyanga with Kottumchukkadi taila	24days	Myalgia reduced
3.	Matra Basti with Dhanwantari taila	26days	Improve in strength of left UL & LL
4.	Lepa with Jatamayadi Churna to Left wrist joint & left bilateral ankle joint	25days	Reduced pain in Lf UL & LL
5.	Upanaha with Kottumchukkadi churna to B/L Knee Joint	19days	Improved movements in joints
6.	Sthanika Jambheera pinda sweda	17days	Reduced joint pains
7.	Shiropichu with Brahmi taila	12days	Calmness in mind, Reduced disturbance in sleep
8.	Shirobasti with Dhanwantara taila	4days	Freshness in mind

4. OBSERVATION AND RESULT

4.1 Table No. 8: Showing Assessment criteria of the treatment.

EXAMINATIONS	BEFORE TREATMENT	AFTER TREATMENT	AFTER FOLLOW UP
CNS EXAMINATION	Moderate abnormality	Mild abnormality	Normal
MUSCLE POWER	Active movement with gravity eliminated	Active movement with gravity	Active movement against some resistance
MUSCLE TONE	Flaccid	Restricted range of movements	Normal movements

5. DISCUSSION

- Pakshaghata is one among the vataja nanatmaja vyadhi having the involvement of Bahudoshavastha, Shodhana line of treatment can be adopted here. In this case the line

of treatment is given in two ways like Bahir parimarjana chikitsa and Anath parimarjana chikitsa.

- Sarvanga Pareesheka with dashamoola kashaya helps in reducing the doshagni and helps to bring Lightness in body.^[4]
- Sarvanga abhyanga followed by sarvanga sweda does Mardhavakara, Dhatu Pushtikara and helps in reducing Kapha and Vata by this action Myalgia is reduced and Muscle strength improved.^[5]
- Administration of Matra basti promotes strength, nourishes the body and cures the Vataja rogas which helped in increasing the strength of affected part in pakshaghata.^[6]
- Sthanika Lepa karma which is absorbed through the swedavahi srotas helps in reducing the Shoola, shotha by its Nirvapana and shodhana guna.^[7]
- Upanaha karma does the pachana of apakwa dosha which helped in increasing movements of joints.^[8]
- Sthanika jambeera pinda sweda increases the peripheral blood circulation and helps in reducing the pain, stiffness and swelling due to its ushna and teekshna guna.^[9]
- Shiro pichu and Shiro basti where retention of sneha dravya over the Vertex of head for a period of time which controls the Vata and helps in equilibrium of other dosha, dhatu and mala. Murdhni taila enhances the blood supply to brain which helps for eminent Physiological and psychological functions, which does the reduction in sign and symptoms of pakshaghata.^[10]

6. CONCLUSION

Ayurveda line of treatment acts at the level of root cause and helps in curing the disease. Pakshaghata is one of the Vataja nanatmaja vyadhi which needs recurrent administration of shodhana and shaman chikitsa for complete cure. Shodhana line of treatment plays a good role in reducing bahudosha avastha of disease and acts at the level of different systems of body and helps in reducing symptoms. Mean while shaman chikitsa maintains the vitiated dosha and dhatus. This study showed a marked improvement after administering shodhana, shaman and pathya ahara, which gives an idea that panchakarma treatment is effective in Acute Ischemic stroke.

DECLARATIONS

Patient Consent

Written informed consent was obtained from the patient for publication of this case report and any accompanying data.

Declaration of AI use in scientific writing

The authors declare that artificial intelligence tools or AI-assisted technologies were not used in preparing or writing this case report.

Data Availability Statement

All data supporting the findings of this study are included in the manuscript reference to publicly available classical texts are cited within the manuscripts.

Conflicts of Interest

There is no conflict of interest declared by any of the authors.

Authors Contribution Statement

The author confirms that this manuscript is original, unpublished and not under consideration for publication elsewhere. All authors have read and approved the final manuscript.

Ethical Approval

This case report was conducted in accordance with the principles of the declaration of Helsinki. As a single de-identified case report which was reviewed by formal ethics committee and informed consent was taken as mentioned above.

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